

was ventured upon, a rise of temperature occurred and was followed a little over a week later by jaundice. Another patient complained of body aching and developed a temperature of 104° F. in the evening after his third injection of neoarsphenamine. A bloody diarrhoea set in and the next morning the temperature was 103° F. ; on the third day he seemed better but later on vomited once ; early the next morning he went to his bed and died suddenly. The pathologist's post-mortem report on the cause of death was : (1) status thymico-lymphaticus, (2) acute gastro-enteritis, (3) anaphylactoid crisis.

Pathology.—Necropsies performed on our patients revealed little more than congestion or petechial haemorrhages of the brain. In one case congestion was observed throughout the alimentary canal. The following report of the case of one patient is typical. The whole brain showed oedema and numerous petechial haemorrhages. Slightly larger haemorrhages were noted in the pituitary gland. The liver showed cloudy swelling and the heart, kidney and alimentary canal showed congestion.

In comparison it may be worth recalling that Brittingham and Phinizy (1931) reported the following post-mortem findings : multiple haemorrhages into the brain and other viscera, microscopical widespread fat embolism and (strangely enough) erythrocytes resembling in every detail those of sickle cell anaemia.

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Rehabilitation of young prostitutes : proposed experiment in the United States

The Committee on Rehabilitation of the Baltimore Venereal Disease Council have concluded that prostitutes are divisible into three main groups. It is considered that for the girls and young women in the third group rehabilitation is possible. The social agencies are anxious to try a joint scheme divided between public and private family agencies. The Department of Public Welfare should obtain funds to maintain two homes, each to contain fifteen to twenty girls. Each home would have a matron and social service would be given by the home itself. The regular clinics could be used for treatment. Girls suffering from venereal disease will not be detained. The basis of the proposal is to help young women who are in trouble.—*Venereal Disease Information, Washington*, July, 1943.

Control of venereal diseases in the United States

The principles of control in venereal disease are (1) to find and then to treat infected persons until they are no longer infectious, and (2) to prevent infection by every possible means.

In 1938 there were 1,122 venereal disease clinics in the United States ; today there are over 3,500. Blood tests for syphilis in 1938 numbered 3,598,000 ; in 1942 these totalled 20,000,000. Some 400,000 individuals attend syphilis clinics monthly. In 1942 there were 8,700,000 doses of arsenical drugs given for syphilis and 13,800,000 tablets of the sulphonamide drugs for gonorrhoea. An outstanding development is the establishment of venereal disease treatment centres. Fourteen centres are now working and twenty more were planned to open in 1943. All patients will have to remain for observation after the completion of treatment ; it is expected that the maximum period will be ten weeks. At the centre at the Hot Springs, Arkansas, over one-third of the women patients were under twenty ; at another centre 60 per cent were between eighteen and nineteen, with a good number under eighteen. The majority were not prostitutes but were workers in the lowest paid occupations. Reliable estimates show that a million to a million and a half civilian workers have syphilis. Three to eight times as many people have gonorrhoea. Venereal diseases are a very great handicap to the United States war effort.—*Venereal Disease Information, Washington*, September, 1943.